

**UNITED STATES DISTRICT COURT  
DISTRICT OF CONNECTICUT**

**MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS  
PURSUANT TO 28 U.S.C. § 1915**

\_\_\_\_\_,  
Plaintiff(s),

v.

Case No. \_\_\_\_\_

\_\_\_\_\_,  
Defendant(s).

I request leave to commence this civil action without prepayment of fees, costs, or security therefor pursuant to 28 U.S.C. § 1915. In support of my request, I submit the attached financial affidavit and state that:

- (1) I am unable to pay such fees, costs, or give security therefor.
- (2) I am entitled to commence this action against the defendant(s).
- (3) I request that the court direct the United States Marshal's Service to serve process.

\_\_\_\_\_  
Original Signature

\_\_\_\_\_  
Name (print or type)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City                      State                      Zip Code

(    )  
\_\_\_\_\_  
Telephone Number

**UNITED STATES DISTRICT COURT  
DISTRICT OF CONNECTICUT**

**FINANCIAL AFFIDAVIT IN SUPPORT OF  
MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS  
PURSUANT TO 28 U.S.C. § 1915**

\_\_\_\_\_,  
Plaintiff(s),

v.

Case No. \_\_\_\_\_

\_\_\_\_\_,  
Defendant(s).

I declare that:

- (1) I am unable to pay such fees, costs, or give security therefor.
- (2) I am entitled to commence this action against the defendant(s).

I further state that the responses I have made to the questions below relating to my ability to pay the cost of prosecuting this action and other matters are true.

**MARITAL STATUS**

Single \_\_\_\_ Married \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_

If separated or divorced, are you paying any support or any form of maintenance?

Yes \_\_\_\_ No \_\_\_\_

Dependents: Wife \_\_\_\_ Children # \_\_\_\_ Others # \_\_\_\_

and relationship \_\_\_\_\_

Please provide the names and ages of your children. **IF A CHILD IS A MINOR (UNDER AGE 18), PLEASE IDENTIFY THE CHILD BY INITIALS ONLY.**

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

**RESIDENCE**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

**EDUCATION**

Please circle the highest level of formal education you have received:

Grammar School K 1 2 3 4 5 6 7 8 High School 9 10 11 12

College 1 2 3 4 Post-Graduate 1 2 3 4

**EMPLOYMENT**

If employed at present, complete the following:

Name of employer: \_\_\_\_\_

Address of employer: \_\_\_\_\_

How long employed by present employer: \_\_\_\_\_

Income: Monthly \_\_\_\_\_ Weekly \_\_\_\_\_

If self-employed state weekly wages: \_\_\_\_\_

What is the nature of your employment? \_\_\_\_\_

If unemployed at present, complete the following:

I have been unemployed since the \_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

The name of my last employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_

The last salary or wages received: \_\_\_\_\_

If spouse is employed, please complete the following:

Name of employer: \_\_\_\_\_

How long employed: \_\_\_\_\_

Income: Monthly \_\_\_\_\_ Weekly \_\_\_\_\_

What is the nature of spouse's employment? \_\_\_\_\_

If on welfare or receiving unemployment benefits complete the following:

I have been on welfare or receiving unemployment benefits

since: \_\_\_\_\_

I am receiving \$\_\_\_\_\_ monthly \_\_\_\_\_ weekly \_\_\_\_\_

for myself and family of \_\_\_\_\_.

If receiving social security, disability or workers' compensation benefits complete the following:

I have been receiving social security, disability or workers' compensation benefits

since: \_\_\_\_\_.

I am receiving \$\_\_\_\_\_ monthly \_\_\_\_\_ weekly \_\_\_\_\_.

**FINANCIAL STATUS**

Owner of real property? Yes \_\_\_\_ No \_\_\_\_

If yes, description: \_\_\_\_\_

Address: \_\_\_\_\_

In whose name? \_\_\_\_\_

Estimated value: \_\_\_\_\_

Amount owed: \_\_\_\_\_

Owed to: \_\_\_\_\_  
Total: \_\_\_\_\_ Monthly payment \_\_\_\_\_

Owed to: \_\_\_\_\_  
Total: \_\_\_\_\_ Monthly payment \_\_\_\_\_  
Annual income from property: \_\_\_\_\_

Other property:  
Automobile: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_  
Registered owner(s) name(s): \_\_\_\_\_  
Present value of automobile: \_\_\_\_\_  
Owed to: \_\_\_\_\_  
Amount owed: \_\_\_\_\_

Cash or Securities on hand:  
Cash in banks and savings and loan associations: \_\_\_\_\_  
Names and addresses of banks and associations: \_\_\_\_\_  
\_\_\_\_\_

Stocks or bonds owned:  
Indicate current value and name of company and number of shares of stock or identify bonds : \_\_\_\_\_  
\_\_\_\_\_

**OBLIGATIONS:**

Monthly rental on house or apartment:	\$ _____
Monthly mortgage payment on house:	\$ _____
Gas bill per month:	\$ _____
Electric bill per month:	\$ _____
Phone bill per month:	\$ _____
Car payments per month:	\$ _____
Car insurance payments per month:	\$ _____
Other types of insurance payments per month	\$ _____
Monthly payments to retail merchants:	\$ _____
Please list: _____	\$ _____
Please list: _____	\$ _____
Monthly payments on any other outstanding loans or debts:	\$ _____
Please list: _____	\$ _____
Please list: _____	\$ _____
Any money owed to doctors, hospitals, lawyers	
Please list: _____	\$ _____
Please list: _____	\$ _____
Monthly payment for maintenance or child support under separation or dissolution agreement:	\$ _____
Estimated monthly expenditure on food:	\$ _____

Estimated monthly expenditure on clothing: \$ \_\_\_\_\_

Total amount of monthly obligations: \$ \_\_\_\_\_

Other information pertinent to financial status: (Include stocks, bonds, savings bonds, interests in trusts either owned or jointly owned):

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**PREVIOUS LITIGATION:**

If you have ever filed a case in this district, provide the following information for each case you have filed. If you need additional space, please continue on a separate sheet.

	Case Number	Case Caption	Disposition of Case
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Date: \_\_\_\_\_

\_\_\_\_\_  
**Original Signature of Affiant**

**DECLARATION UNDER PENALTY OF PERJURY**

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct to the best of my knowledge and belief.

Date: \_\_\_\_\_

\_\_\_\_\_  
Original Signature of Affiant